

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR920030411US1
(590.116)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Acharya et al.
Serial No. : 10/698,126 Examiner : Sikri, Anish
Filed : October 31, 2004 Group Art Unit : 2109
For : NETWORK ROUTE CONTROL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, by EFS Web on October 20, 2008.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR920030411US1
(590.116)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

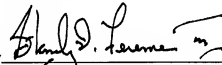
	Claims Remaining After Amendment (Col. 1)	-	Highest No. Prev. paid for (Col. 2)	=	Present Extra (Col. 3)	x	<u>SMALL ENTITY</u>			<u>OTHER THAN A SMALL ENTITY</u>				
	20	-	** 20	=	* 0	x	<u>RATE</u>	=	<u>FEE</u>	OR	x	<u>RATE</u>	=	<u>FEE</u>
Total	20	-	** 20	=	* 0	x	\$25	=		OR	x	\$50	=	
Claims														
Ind.	3	-	*** 3	=	* 0	x	\$105	=		OR	x	\$210	=	
Claims														
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$185	=		OR	+	\$370	=	
							<u>TOTAL</u>	=	\$ _ _	OR		<u>TOTAL</u>	=	\$ _ _

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$ _ _ _ _ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$ _ _ _ _ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 55,879

Dated: October 20, 2008

Mailing Address:

Customer No. 47049
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile